

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3							53	1		
4							54			
5	1						55			
6		1					56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66	1		
17							67			
18							68	1		
19							69			
20							70			
21	1						71			
22		1					72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30	1						80			
31							81			
32							82			
33							83			
34							84			
35		1					85			
36	1						86			
37		1					87			
38							88			
39	1	-					89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47	1						97			
48	1						98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	12		
TOTAL DEP.							TOTAL DEP.	56		
TOTAL CLAIMS							TOTAL CLAIMS	68		